

Exploring the impact of Federally Qualified Health Centers (FQHCs)

Overview of Federally Qualified Health Centers (FQHCs)

FQHCs provide health related services to all age groups on site or by arrangement with another provider to including the following:

- Primary care and preventive health services
- Dental services
- Mental health and substance abuse services
- Transportation services necessary for adequate patient care
- Hospital and specialty care services.

FQHCs receive or provide the following benefits

- Enhanced Medicare and Medicaid reimbursement;
- Medical malpractice coverage through the Federal Tort Claims Act;
- Prescription and non-prescription medications for outpatients through the 340B Drug Pricing Program
- Access to National Health Service Corps
- Access to the Vaccines for Children program
- Eligibility for various other federal grants and programs.

Patients Served

In Oklahoma during 2012, 18 FQHCs, operating approximately 56 satellite sites, provided comprehensive primary care to 147,779 patients with a total of approximately 510,000 visits at an average cost of \$613.49 total cost per patient. Due to the lingering economic downturn, FQHCs continue to see an increase in their patient population. In 2012, FQHCs saw an overall 9.2% increase in the number of patients served. Of the total patients served;

- 129,540 sought Medical Services;
- 20,225 were seen for Dental Care;
- 6,721 sought mental health and substance abuse services;
- 5,005 homeless patients were seen;
- 91% of patients had incomes at or below 200% of the federal poverty level;
- 70% of patients had incomes at or below 100% of the federal poverty level; and
- 39.4% of the patients served were uninsured.

Why Sustain Funding for Federally Qualified Health Centers (FQHCs)

Without the continued support of state funding, the FQHC's will not be able to provide the described services to the uninsured at current levels.

- FQHC's will likely limit services to the uninsured and seek patients with third party coverage. Without access to care provision through these entities, the uninsured will likely seek care through hospital emergency care facilities where costs are six times higher on average.
- The providers in Oklahoma range in size. Many smaller sites are in rural communities where other primary care access may not be available. Smaller entities are heavily reliant on the funding provided through formula reimbursement.
- Historically, this funding has been focused on the provision of services to uninsured Oklahomans who are diagnosed as "Severely Mentally Ill" (SMI). Most of these patients have no medical home for primary care and are seeking most of their care through inappropriate use of the hospital emergency room systems. Utilizing the state appropriated funding for the uninsured has linked the FQHCs with the Community Mental Health Centers to address the primary and oral health care needs of these patients.